

# Streamlining and Strengthening Intake, Assessment and Service Planning: An Overview



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# Overarching Goal



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To provide a wide array of behavioral health services with a system to deliver those services that is:

- Person/family centered
- Strengths based
- Outcomes based
- Timely
- Efficient



# Three Major Initiatives In the Last 3 Years

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- Covered Services Project
- Paperwork Reduction
- Streamlining and Strengthening Intake, Assessment and Service Planning



# Covered Services Project

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- Redesigned Covered Services to:
  - Focus on person/family
  - Expand support services
  - Eliminate service barriers
  - Maximize Title XIX/XXI funds
  - Streamline codes and meet HIPAA requirements
- Rates reviewed and updated

# Paperwork Reduction Project



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- Undertaken at request of providers
- Project findings:
  - Inconsistent, lengthy procedures
  - Redundant forms and processes
  - Tools with questionable value

# Administrative Savings



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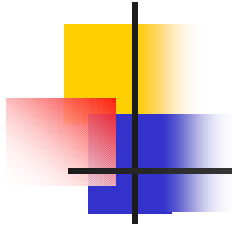
- 3.3 million pages reduced
- 100,000 reduced staff hours
- Additional time saved by
  - Data consolidated into one transmission
  - 127 fewer required data fields



# Independent Case File Review showed

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- Incomplete assessments
- Lack of cultural competency
- Assessments not completed on time



# **The Intake, Assessment, and Service Planning Process Improvement Project**





# How we got there...

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Created work groups:

- Clinical (assessment and service planning)
- J.K. implementation
- Credentialing
- Data
- Administrative & financial



# Stakeholder Involvement

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- Weekly clinical work group meetings
- Quarterly status meetings
- Special stakeholder assessment design workshops
- Subcommittees to review and revise documents
- Pilot testing



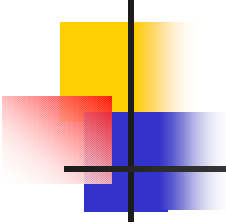
# The Changes

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- Revised timelines
- Standardized referral process
- Revised intake forms and procedures
  - Streamlined financial intake
  - Consolidated data reporting with outcome measures
  - Streamlined consumer paperwork
- Standardized assessment and service plan

# The Changes

(Continued)

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- Modifications to SMI determination
  - Involvement of teams
  - Use of clinical liaisons
  - Annual updates
  - Credentialing/privileging standards
  - Inclusion of BHTs as assessors & clinical liaisons

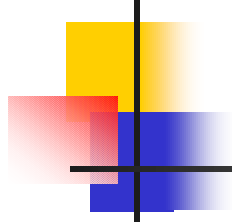
# Revised Timelines



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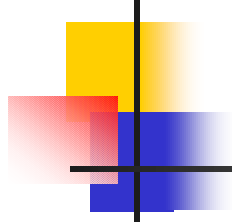
- Appointment availability within 7 days of referral
- Next service within 23 days of intake
- Allows 45 to complete assessment
- Service Plan completed within 90 days of intake
- Annual Update

# Referral Process



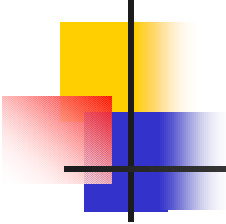
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- Welcoming and engaging
  - Address immediate needs
  - Referral tracking
  - Enhanced communication with referral source

# Initial Intake



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- Cover sheet & background information
  - Financial information for non-Title XIX/XXI

# Financial Intake

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- Required only for non-Title XIX/XXI
  - Shortened form
  - Only collect household size and income
  - Updated and simplified co-payments
  - Income reviewed annually for non-Title XIX/XXI





# Data Collection & Reporting

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- One data reporting system
- Single data changes allowed
- Annual data submittal with limited additional fields
- Outcome driven
- HIPAA compliant



# Assessment & Service Planning

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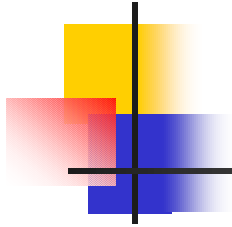
- Strengths based
- Person/family centered
- Emphasis on immediate needs
- Required clinical formulation
- Interim service plan
- Team approach

# Assessment & Service Planning (Continued)



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- Ongoing assessment and service planning
- Annual Update
- Expand types of practitioners qualified to do assessments



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**Cultural competency  
skills should be  
utilized throughout the  
assessment and  
service planning  
process**



# The Core Assessment Purpose

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To collect enough information to ensure safety and get the person to the appropriate next service(s)



# Core Assessment Includes

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- Presenting concerns
- Behavioral health & medical history
- Criminal justice
- Substance related disorders
- Abuse/sexual risk behavior
- Risk assessment
- Mental status exam
- Clinical formulation & diagnosis
- Next steps/interim service plan



# Clinical Formulation & Diagnosis

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Makes a direct connection between diagnosis, strengths and service plans

- Summary narrative
- Diagnostic summary
- Includes GAF/CGAS scores



# Interim Service Plan

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- Recommended next steps
- Response to immediate risks
- Additional team members
- Additional documentation
- Person to contact for immediate assistance





# Assessment Addenda Goals

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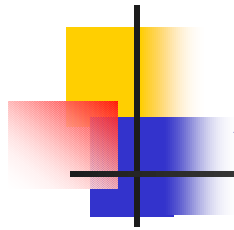
- May be completed at follow-up meeting(s)
- Examine life domains
- Build a complete picture
- Further identify strengths and additional supports



# Addenda Includes

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- Required:
  - Living environment
  - Employment
  - Educational/vocational
  - Strengths social/cultural
  - Developmental history



# Additional Addenda

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- Triggered:
  - Criminal justice
  - SMI determination
- Special addendum for urgent behavioral health response for children entering foster care/Child Protective Services cases

# Making SMI Determinations



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- Replaces ALFA score with GAF
- Assessor makes initial recommendations
- Reviewed by psychiatrist/psychologist
- Modified timelines



# Service Plan and Review

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- Based on initial and ongoing assessment
- Standardized form
- Involves person, family, team
- Objectives with outcome measures & target dates
- Progress reviewed
- Revised objectives developed



# Clinical Liaison

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- Clinical oversight
- Working with team
- Point of contact
- Maintaining clinical record
- Clinical liaison expanded to include all those who have required education, experience and training

# The Team



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- Person
- Family/guardian
- A qualified clinical liaison
- May also include other individuals identified and invited by the person/family



# Annual Update

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- Standardized form addresses:
  - Services & treatment summary
  - Current status
  - Current diagnosis
  - Recommendations
- Demographic/clinical data updated and submitted



# Staff Qualifications



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- Expands who can do initial assessments and act as Clinical Liaison
- Establishes uniform standards for credentialing and privileging
- Requires completion of training

# Changes Effective 7/1/03



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- New policies
- Revisions to OBHL Rules
- Elimination of ALFA, SF12 and CGI
- Data systems changes



# Implementation Plan

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- Phase in with full implementation by March 2004
- Statewide training:
  - Overview
  - General Assessment Training
  - Enhanced Assessment Training
- Follow up technical assistance



# Training Schedule

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- Overview Training

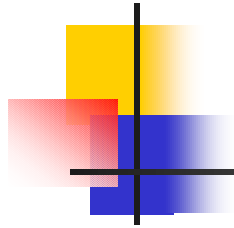
**September**

- General Assessment Training

**October - January**

- Enhanced Assessment Training

**October - January**



# Questions?

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ADHS/DBHS Website:  
[www.hs.state.az.us/bhs](http://www.hs.state.az.us/bhs)